Member Search

Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN.

				MESSAGES PROFILE LOGOUT
Employees Resources				
Employees				
To search for a Member using the Basic \$	Search, select the option in the drop do	wn to search by Memb	er ID or SSN	
To search for a Member using the Advance	ed Search, enter:			
 "Group" to list all Members and any "Last Name" and "Group" to search Click on the "Search" button 	dependents. You must enter at least for a specific Member. You can also e	one group number nter the "First Name' an	d/or "Date of Birth"	
Any Member(s) found will be listed below	To review the current eligibility status	for a specific Member, o	lick on the Member's Nan	ne.
Before Adding a New Member, use the	search options to perform a search	of the Subscriber. If n	o results are returned, c	click on the Add New Member button at the bottom of the
Search D Member ID SSN	Sea	rch Criteri	a (Member Search Res	ID or SSN)
	ambar Dataile Lir	k		
Search Reset	ember Details Lin	ĸ		👼 Print Results 🖪 Download Results
Name Member ID	Group Date of Birth	Status	Relationship Code	Relationship Description
Jones, Sam 11111111100	100 1/5/1962	Active	18	Insured (Policyholder/Employee)
		ul de la la	of the line	
		(vi vi Page 1 🗸	OT THE IFF	

Numerical identifiers for the relationship codes are based on the HIPAA standards. For the full list of the relationship codes, please refer to page 40 in the Addendum.

View Member Details: View Member Name, ID, Address, coverage type and status.

					MESSAGES	ල LOGOUT
	Employees Resources					
	Eligibility View/Print ID Card ID Card Request	Subscriber Changes Depence	lent Changes			
	<u>< Back</u> Sam Jones			Print View		
Member Details ———>	View all family members Member Info					
	Name: Sam Jones	Member ID: 66666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active		
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City		
	Group Number: 300	DOB: 01/05/1962	Plan: GH			
	Coverages					
	Coverage Type	Plan Name		Coverage Dates		
		VISION		01/01/2024 - Active		
		MEDICAL		01/01/2024 - Active		

Advanced Member Search

This menu item allows you to search for a member in the specific subgroup(s) you have been given user rights to view their eligibility. Once you find a member you can access the links to update their record. You can also add a new member.

	A DELTA DENT	AL				MESSAGES LOGO
	Employees Resource	5				
	Employees					
	To search for a Member using	the Basic Search, select the op	tion in the drop down to searc	h by Member ID or SSN		
	To search for a Member using	the Advanced Search, enter:				
	 "Group" to list all Member "Last Name" and "Group" Click on the "Search" but 	ers and any dependents. You n " to search for a specific Memb ton	nust enter at least one group n er. You can also enter the "Firs	umber st Name' and/or "Date of Birth"		
	Any Member(s) found will be li	sted below. To review the curre	nt eligibility status for a specifi	c Member, click on the Member's	Name.	
	Before Adding a New Membe	er, use the search options to	perform a search of the Sub	scriber. If no results are returne	d, click on the Add New M	ember button at the bottom of the
	Search by Mem Note: At least Group or Last	ber ID Advanced Name field must be filled.	search 🗲 🖊	Advanced Membe	er Search Optic	on
Advanced	First Name	Last Name	Date of Birth	Status Code	Group	Location
Search Fields	┥└──	-				
	Benefit Plan	Coverage Name	Hire Date	Org Provider ID		
	Committee Down					
	Search Reset					

This menu item allows you to view a complete list of members (and dependents) in the specific subgroup(s).

	A DELT	A DENTA	L						MESSAGES	LOGOUT
	Employees	Resources								
	Employees									
	To search for a F	Member using the	Basic Searc	h, select the	option in the dr	op down to search by Me	mber ID or SSN			
	To search for a f	Member using the	Advanced S	earch, enter						
	 'Group' to list all Members and any dependents. You must enter at least one group number Last Name' and 'Group' to search for a specific Member. You can also enter the "First Name' and/or "Date of Birth" Cick on the "Search" button 									
	Any Member(s)	found will be listed	below. To n	eview the cu	rent eligibility st	latus for a specific Memb	er, click on the Member's Name			
	Before Adding page.	a New Member, u	ise the sear	ch options	o perform a se	arch of the Subscriber.	If no results are returned, cli	ck on the Add New Member	button at the bottom	of the
	🔿 Search i	by Member	ID ¥	Advance	ed search					
	Note: At least	t Group or Last Na	me field mu	st be filled.						
	First Name		Last Nam		Date	of Birth	Status Code	Group	Location	
	sam		jones							
	Benefit Pla	in	Coverage	e Name	Hire	Date	Org Provider ID			
	Search	Reset								
								👼 Pr	int Results 🗄 Down	nioad Resu
14 MAR 1400	Martie	Member ID		Group	Date of Birth	Status	Belationship Cod	e Relationship D	eacription	
arch Results ———	Jones, Sam	6666666666	0	300	1/5/1962	Active	18	Insured (Policyh	older/Employee)	
	Jones, Sam	11111111100	-16	100	1/5/1962	Terminated	18	Insured (Policyh	older/Employee)	
	Jones, Sam	11111111100	-18	100	1/5/1962	Future Eligibili	ty 18	Insured (Policyh	older/Employee)	
	Jones, Sam	11111111100)	100	1/5/1962	Active	18	Insured (Policyh	older/Employee)	
	Jones, Sam	11111111100	-15	100	1/5/1962	Terminated	15	Insured (Policyh	older/Employee)	

Benefit details including coverage types are shown under Coverages on the Eligibility Screen.

O DELIA DENIAL			NESSAGES LOGOUT
Employees Resources			
Eligibility			
ViewPrint ID Card ID Ca	erd Request Subscriber Changes Dep	endent Changes	
<back Sam Jones</back 			Print Vew
few all family members			
Member Info			
Kame: Sam Jones	Member ID: SMPL0001	Address: 4161 E 96th 51 5te 101 Indianapolis IN, 46240	Status: Active
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date: 01/01/2009	Group Name: Circle City
Sroup Number: 100	DOB: 0105/1962	Plan: HWP10016	Full-time Student: No
Disabled: No			
Coverages			
Coverage Type	Plan Name		Coverage Dates
DENTAL	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2024 - Active
VISION	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2023 - 12/01/2023
DENTAL	Silver		01/01/2023 - 12/31/2023
Maximums			
Medical			Plan Year: 20
In Network v			
Induidualifamily	Inte		Maximum Amount
Individual any	Deductible		SI 000 00
Individual	Out-of-pocket		\$4.000.00
Family	Deductible		\$3,500.00
Family	Out-of-pocket		\$20,000.00
Dental In Network			
IndividualiFamily	Type		Maximum Amount
Individual	Deductible		\$500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$400.00
Fanity	Out-of-pocket		\$7,500.00
Vision In Network			
IndividualiFamily	Tope		Maximum Amount
Individual	Deductible		\$500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$1,000.00
French	Code of second sec		\$3,000,00

					MESSAGES	් LOGOU
	Employees Resources					
	Eligibility					
	View/Print ID Card ID Card Request	Subscriber Changes Depender	t Changes			
	<u>< Back</u> Sam Jones			Print View		
	View all family members					
	Member Info					
lember etails	Name: Sam Jones	Member ID: 66666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active		
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City		
	Group Number: 300	DOB: 01/05/1962	Plan: GH			
	Coverages					
	Coverage Type	Plan Name		Coverage Dates		
		VISION		01/01/2024 - Active		
		DENTAL		01/01/2024 - Active		
		MEDICAL		01/01/2024 - Active		

Additional Plan benefit detail based on a member search includes, calendar / plan maximums, dependent information, deductibles.

			activity room
Craftyne Reserve			
Eligibility			
View/Print ID Card ID C	and Request Subscriber Changes Dep	pendent Changes	
<.linck Sam Jones			Section View
Vew all family members			
Member Info			
Name:	Member ID:	Address:	Status:
Barn Jones	SMPL0001	4181 E 96th St Ste 101 Indianapolis IN, 46240	Active
Relationship Code	Relationship	Original Effective Date:	Group Name:
18	meried (unschooler/publicities)	01012009	CHUR City
Group Number:	008:	Plan:	Full-time Student:
100	01/05/1/4/2	HWP10016	No
Disabled: No			
Coverages			
Coverage Type	Plan Name		Coverage Dates
DENTAL	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2024 - Active
VISION	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2023 - 12/31/2023
DENTAL	Silver		01/01/2023 - 12/01/2023
Maximums			
Medical			
Medical			Phan 1687. 2004
Medical In Network v			Plan Year: 2004
Medical In Network v Individual/Family	Туре		Maximum Amount
Medical In Network v Individual/Family Individual	Type Deductible		Maximum Amount \$1,000.00
Medical In Network v Individual/Family Individual Individual	Type Deductible Out-of-pooleet		Maximum Amount \$1,000.00 \$4,000.00
Medical In Network v Individual/Family Individual Family	Type Deskutible Out-of-poolset Deskutible		Maclinum Amount 51.000.00 54.000.00 53.500.00
Medical In Network v Individual#Eamly Individual Famly Famly	Type Deductible Out-of-pocket Deductible Out-of-pocket		Mathrum Anount \$1,000 00 \$4,000 00 \$20,000 00 \$20,000 00 \$20,000 00
Medical In Network v Individual#Eanshy Individual Family Family Dental	Type Deductitie Out-of-picotet Deductitie Out-of-picotet		Madinus Anount 51,000 00 51,000 00 51,000 00 520,000 00
Medical In Network v Individual Family Individual Family Family Dental In Network v	Type Describe Out-of-poster Deduction Out-of-poster		Part Nat. 2004 Nations Aroust 11,0000 11,0000 11,0000 12,00000 12,0000 12,00000 12,000000 12,00000 12,00000 12,0000 1
Medical In Network In Network In Network Interview In	Type Deductifie Oxford gootest Oxford gootest		Part No. (2000) Matimum Annual 1:000 00 10:000 00 10:000 00 Matimum Annual Matimum Annual
Medical In Network v Individualitansky Individualitansky Famity Famity Dental In Network v Individualitansky	Type Describte Onder growte Onder growte Onder growte Onder growte Onder growte		Valinas Anouet Statistics Anouet Statistics Anouet Matines Anouet Matines Anouet Matines Anouet Matines Anouet Matines Anouet Matines Anouet
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	In Network ~				Plan Year
	Individual/Family	Туре	Amount Met	Maximum Amount	Progress
	Individual	Deductible	\$238.54	\$1,000.00	-
	Individual	Out-of-pocket	\$238.54	\$4,000.00	•
	Family	Deductible	\$833.80	\$3,500.00	-
hor	Family	Out-of-pocket	\$833.80	\$20,000.00	
	Dental				
115	In Network 🛩				
	Individual/Family	Туре	Amount Met	Maximum Amount	Progress
	Individual	Deductible	\$0.00	\$500.00	(
	Individual	Out-of-pocket	\$0.00	\$2,000.00	C
	Family	Deductible	\$0.00	\$400.00	
	Family	Out of exercise	20.00	£7.500.00	6

Additionally, balance information for individual and family coverage with out of pocket and deductible maximums and amounts met.

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Engliques Automat			
Eligibility			
ViewPrint ID Card	and Request Subscriber Changes Dep	endent Changes	
<.link			The Print View
Sam Jones			
/ew all family members			
Member Info			
Name:	Member ID:	Address:	Status:
Sam Jones	SMPL0001	4101 E 969 St Ste 101 Indianapolis IN, 46240	Active
Relationship Code	Relationship	Original Effective Date:	Group Name:
18	Insured (Policyholder/Employee)	01/01/2009	Circle City
Group Number:	DOB:	Plan:	Pull-time Student:
100	01/05/1962	HWP10016	No
Disabled: No			
Coverages			
Coverage Type	Plan Name		Coverage Dates
DENTAL	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2024 - Active
VISION	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2023 - 12/31/2023
DENTAL	Silver		01/01/2023 - 12/31/2023
Maximums			
Medical			Plan Year: 2004 *
In Network w			
and the set of the set of	2		Maximum Amount
Individuality amily	Type		Maximum Amount
Induitial	Cutoffacelet		54,000,00
Family	Deductible		\$3.500.00
Family	Out-of-pocket		\$20,000.00
Dentel			
In Network w			
Individual/Family	Type		Maximum Amount
Individual	Deductible		5000.00
Individual Earths	Out-of-pocket		542,000.00
Family	Deductore		\$7,500.00
ranny	Cut-on-pocket		de l'anne son
Vision			
In Network w			
Individual#amily	Type		Maximum Amount
Individual	Deductible		8500.00
Individual	Out-of-pocket		\$2,000.00
Family	Deductible		\$1,000.00
Family	Out-of-pocket		\$3,000.00

	Vision In Network v Individual/Family	Туре	Amount Met	Maximum Amount	Progres	5
	Individual	Deductible	\$103.35	\$500.00	-	
	Individual	Out-of-pocket	\$103.35	\$2,000.00		
amhar	Family	Deductible	\$407.45	\$1,000.00		
taile	Family	Out-of-pocket	\$407.45	\$3,000.00		
uns	Office Visits					
	Name	Amount Met		Maximum Amount	Progress	
	Chiropractic	0		0	(